

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-040364**  
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TWIN GROVES TWP.</u>		c. CITY OR TOWN <u>McCune</u>	
Length of stay in 1b <u>Instant</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR JUNCTION on Highway 2, one mile west of Carl Junction		d. STREET ADDRESS (If outside, give location) <u>Box 215</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			
First <u>Otis</u> Middle <u>Dwight</u> Last <u>Misner</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/10/1921</u>	
9. AGE (last birthday) <u>42</u>		10. IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Swift &amp; Co. (Meat)</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Swift Package</u>	
13a. FATHER'S NAME <u>Clarence Misner</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Vance</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W. II</u>		15. SOCIAL SECURITY NO. <u>  </u>	
16. INFORMANT <u>Edith Misner</u>		Address <u>McCune, Kansas</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Crushed skull; both legs broken; body was severed</u> <u>inst.</u>			
DUE TO (b) <u>from about tenth rib on right side to about third</u>			
DUE TO (c) <u>rib on left side; It was held together by what</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>muscles were left on lateral side</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Mr. Misner was going north on highway 171, turned left on Highway 2, driving 1952 Pontiac, and was</u>		20c. TIME OF INJURY Hour <u>1:30</u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>11-5-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 171 on junction of Highway 2 on railway crossing one mile W. of Carl Junction</u>	
20f. CITY, TOWN, OR LOCATION <u>Jasper</u>		COUNTY <u>Missouri</u>	
21. I attended the deceased from <u>1:30 a.m.</u> to <u>  </u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>  </u>			
22a. SIGNATURE <u>Wendell Fuhr</u> (Describe or title) <u>Coroner</u>		22b. ADDRESS <u>508 Frisco Building-Joplin, Mo.</u>	
22c. DATE SIGNED <u>11/5/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>11-5-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>McCune Cemetery</u>	
23d. LOCATION (City, town, or county) <u>McCune, Kansas</u>		24. FUNERAL DIRECTOR <u>Johnston-Simpson, Webb City, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>11-5-63</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 6 1964

NOV 19 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack C. Simpson  
Licensed Embalmer No. 4647

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.